ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



SW-03841A Mountain Pass Utility Company 9532 E. Riggs Rd Sun Lakes, AZ 85248

RECEIVED

JUN 0 1 2006

AZ CORPORATION COMMISSION DIRECTOR OF UTILITIES

ANNUAL REPORT

FOR YEAR ENDING

12 31 2005

FOR COMMISSION USE ANN05

entered 6-2-06

COMPANY INFORMATION

igas Road	, , ,
AZ	85248
(State)	(Zip)
(480)895-4347	
Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)
y S. Ridgeview	Blud
AZ	85739
· · · · · · · · · · · · · · · · · · ·	(Zip)
	(520) 932-5892
Pax No. (include Area Code)	Pager/Cell No. (Include Area Code)
	(480) 895- 4347 Fax No. (Include Area Code)

Management Contact: Jam	es Poulos	General	Manager
	(Name)	4	(Title)
9532 E Riggs Rd	SunLakes	H7_	85248
(Street)	(City)	(State)	(Zip)
(480) 895-9200	480)895-4347		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell N	o. (Include Area Code)
Email Address			
On Site Manager: Ed Mac	: Means		
40,004 S Ridgeview	Blud Tucson	Az	857 <i>3</i> 9
(Street)	(City)	(State)	(Zip)
(520) 825-5515 (S	520)825-0712	(520) 932	- S892
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No.	(Include Area Code)
Email Address		· · · · · · · · · · · · · · · · · · ·	
The state of the s			

Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: FC Servi	ce Corporat	ion
3003 N. Central Ave		Az 85 012 (State) (Zip)
(602) 916-5000 Telephone No. (Include Area Code)	Fax No. (Include Area Code	Pager/Cell No. (Include Area Code)
Attorney: Marty Arons		
One E Camelback Rd	(Name) (City)	AZ 85012 (State) (Zip)
(602) 263 -2972 Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)
Please mark this box if the above addi	ress(es) have changed or are ERSHIP INFORMATIO	-
Check the following box that applies to you	r company:	
Sole Proprietor (S)	C Corporation (C	C) (Other than Association/Co-op)
☐ Partnership (P)	Subchapter S Co	rporation (Z)
☐ Bankruptcy (B)	Association/Co-o	p (A)
Receivership (R)	Limited Liability	Company
Other (Describe)		
<u>C</u>	COUNTIES SERVED	
Check the box below for the county/ies in w	hich you are certificated to pr	ovide service:
□ АРАСНЕ	☐ COCHISE	☐ COCONINO
☐ GILA	☐ GRAHAM	☐ GREENLEE
☐ LA PAZ	☐ MARICOPA	☐ MOHAVE
□ NAVAJO	□ РІМА	PINAL
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA
☐ STATEWIDE		

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	
No.	DECRIPTION	Cost	Depreciation	O.C.L.D.
		(OC)	(AD)	(OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers - Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	0	0	-0-

This amount goes on the Balance Sheet Acct. No. 108 -

CALCULATION OF DEPRECIATION EXPENSE

Acct.	DESCRIPTION	Original Cost (1)	Depreciation Percentage	Depreciation Expense (1x2)
			(2)	
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers - Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	1	0	A -

This amount goes on the Comparative Statement of Income and Expense Acct. 403_

BALANCE SHEET

Acct		BALANCE AT BEGINNING OF	BALANCE AT END OF
No.	ASSETS	TEST YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
132	Special Deposits		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS		
		\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation - Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$ -0	\$ 4

NOTE: Total Assets on this page should equal Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acct		BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
No.	LIABILITIES	IESI IEAR	IEAR
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
252	Advances in Aid of Construction	\$	\$
253	Other Deferred Credits		, ,
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	S
211	Other Paid in Capital		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$ 0	s -

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
521	Flat Rate Revenues	\$	\$
522	Measured Revenues		
536	Other Wastewater Revenues		
	TOTAL REVENUES	\$	\$
	OPERATING EXPENSES		
701	Salaries and Wages	\$	\$
710	Purchased Wastewater Treatment		
711	Sludge Removal Expense	•	
715	Purchased Power		
716	Fuel for Power Production		
718	Chemicals		
720	Materials and Supplies		
731	Contractual Services – Professional		
735	Contractual Services – Testing		
736	Contractual Services - Other		
740	Rents		
750	Transportation Expense		
755	Insurance Expense		
765	Regulatory Commission Expense		
775	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Taxes		
	TOTAL OPERATING EXPENSES	\$	\$
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/EXPENSE	\$	\$
-	NET INCOME/(LOSS)	\$ -	\$ 0

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity			·	
Interest Rate	%	, 9	% %	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

WASTEWATER COMPANY PLANT DESCRIPTION

TREATMENT FACILITY

TYPE OF TREATMENT	
(Extended Aeration, Step Aeration, Oxidation	
Ditch, Aerobic Lagoon, Anaerobic Lagoon,	
Trickling Filter, Septic Tank, Wetland, Etc.)	
DESIGN CAPACITY OF PLANT	
(Gallons Per Day)	

LIFT STATION FACILITIES

Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)

FORCE MAINS

Size	Material	Length (Feet)
4-inch		
6-inch		

MANHOLES

Type Quantity Standard Drop

CLEANOUTS

Quantity		

COMPANY NAME YM OUNTain Pass Utility Company

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

SERVICES

Size (in inches)				
4	· · · · · ·			
6				
8	•			
10				
12				
15				
18				
21				
24				
30				

Size (in inches)	Material	Quantity
4		
6		
8		
12		
15		
		·
		:

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY

SOLIDS PROCESSING AND HANDLING FACILITIES	
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	
STRUCTURES (Buildings, Fences, Etc.)	
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.	

COMPANY NAME	Mountain	Pass	Utility	Company	

WASTEWATER FLOWS

MONTH/YEAR (Most Recent 12 Months)	NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY		

PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE

Method of Effluent Disposal	
(leach field, surface water discharge, reuse, injection wells, groundwater	
recharge, evaporation ponds, etc.)	1
Wastewater Inventory Number	
(all wastewater systems are assigned an inventory number)	
Groundwater Permit Number	
ADEQ Aquifer Protection Permit Number	
ADEQ Reuse Permit Number	
EPA NPDES Permit Number	

STATISTICAL INFORMATION

Total number of customers	0	
Total number of gallons treated	\$	gallons

COMPANY NAME Mountain Pass Utility Company YEAR ENDING 12/31/2005

INCOME TAXES

For this reporting period, provide the follow	wing:
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	
State Taxable Income Reported Estimated or Actual State Tax Liability	_
Amount of Grossed-Up Contributions/Adva	ances:
Amount of Contributions/Advances Amount of Gross-Up Tax Collected	
Total Grossed-Up Contributions/Advances	<u> </u>
close of the tax year when tax returns are are due to any Payer or if any gross-up information by Payer: name and amount of	e utility will refund any excess gross-up funds collected at the completed. Pursuant to this Decision, if gross-up tax refunds tax refunds have already been made, attach the following of contribution/advance, the amount of gross-up tax collected, and the date the Utility expects to make or has made the refund
CERTIFICATION	
in the prior year's annual report. This cer	tility has refunded to Payers all gross-up tax refunds reported rtification is to be signed by the President or Chief Executive eneral partner, if a partnership; the managing member, if a etor, if a sole proprietorship.
SIGNATURE	DATE
James Poulos PRINTED NAME	General Manager TITLE

KOBZON COMMUNILIES

COMPANY NAME Mountain Pass Utility Company YEAR ENDING 12/31/2005

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2005 was: \$						
property tax payments) of any and all property taxes paid during the calendar year.						
no property taxes paid	, explain why					
						<u> </u>
	F					
					-	
				•		

VERIFICATION AND SWORN STATEMENT Taxes

RECEIVED

JUN 0 1 2006

	A7 COPPOR
VERIFICATION	COUNTY OF (COUNTY NAME) WATICOPA
STATE OF Hrizona	NAME (OWNER OR OFFICIAL) TETLE
I, THE UNDERSIGNED	James Poulos General Manager
OF THE	Mountain Pass Utility Company
DO SAY THAT THIS ANNUAL UT CORPORATION COMMISSION	TLITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA
CORPORATION COMMISSION	
	MONTH DAY YEAR
FOR THE YEAR ENDING	12 31 2005
PAPERS AND RECORDS THE SAME, AND DEC STATEMENT OF BUSIN COVERED BY THIS REP SET FORTH, TO THE BE SWORN STATEMENT I HEREBY ATTEST THAT PAID IN FULL.	UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, S OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED CLARE THE SAME TO BE A COMPLETE AND CORRECT NESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD PORT IN RESPECT TO EACH AND EVERY MATTER AND THING EST OF MY KNOWLEDGE, INFORMATION AND BELIEF. ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID
SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC IN AND FOR THE C THIS DAY O (SEAL) MY COMMISSION EXPIRES	COUNTY OF COUNTY NAME MaricorA
	16

VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only

RECEIVED

STATE OF Arizona COUNTY OF (COUNTY OF (COUNT	ico pa	ues Only	AZ CORF	JUN 0 1 CORATION C COR OF UT	
STATE OF Arizona COUNTY OF (COUNTY OF Ar	ico pa		AZ CORF	30	
STATE OF Arizona Mame (OWNER O	ico pa		DIRE	UMATION	
NAME (OWNER O				MACION C	Oldhain
I, THE UNDERSIGNED ames				CTOR OF UT	TILITIES ION
	Poulos	Gene	ral Manag	ter !	-LIVES
OF THE COMPANY NAME	. Y 1	Utilit	y Compa	ny	
DO SAY THAT THIS ANNUAL UTILITY REPO	ORT TO THE	E ARIZONA	CORPORATIO	ON COMMIS	SSION
FOR THE YEAR ENDING 12		AY 31	YEAR 2005		
HAS BEEN PREPARED UNDER PAPERS AND RECORDS OF SAID THE SAME, AND DECLARE THE STATEMENT OF BUSINESS AND COVERED BY THIS REPORT IN RESET FORTH, TO THE BEST OF MY SWORN STATEMENT IN ACCORDANCE WITH THE REGORD, ARIZONA REVISED STATUTO OPERATING REVENUE OF SAID	O UTILITY; HE SAME D AFFAIRS ESPECT TO KNOWLEI QUIREMEN TES, IT IS UTILITY	THAT I TO BE OF SAI DEACH A DGE, INFO OF TIT HEREIN DERIVED	HAVE CARE A COMPLET D UTILITY I ND EVERY MA PRIMATION AN TLE 40, ARTIC REPORTED TO	FULLY EXE AND COFOR THE ATTER AND BELIEF CLE 8, SEC	CAMINED CORRECT PERIOD ID THING E.
UTILITY OPERATIONS DURING C.	ALENDAR	YEAR 200	<u> 5 WAS:</u>		
	Arizona In	trastate Gross	Operating Revenues	Only (\$)	
	(THE AM	IOUNT IN	BOX ABOVE		
		ES \$			
			ILLED, OR C	OLLECTE	D)
**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL) SUBSCRIBED AND SWORN TO BEFORE ME		wner or officia 895- 920 ther			
A NOTABLE WITH A SECOND TO THE COUNTY OF					
A NOTARY PUBLIC IN AND FOR THE COUNTY OF	COUNTY NAME	MARI	COPA		
			, 20		
THIS DAY OF	MONTH				
THIS DAY OF	MONTH				
	MONTH				
THIS DAY OF		GNATURE OF NO			

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

AZCORPORATION COMMISSIO

VERIFICATION	INTRASTATE	REVENUES ON	O'MECTOR OF UTILITIES	
STATE OF Arizons	COUNTY OF (COUNTY NAME) Maricopa			
I, THE UNDERSIGNED	NAME (OWNER OF OFFICIAL)	Poulos		"General Munager
OF THE	COMPANY NAME MOUNTain Pass Utility Company			
DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION				
FOR THE YEAR ENDING	MONTH DAY 12 31	YEAR 2005		
PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. SWORN STATEMENT IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2005 WAS: (THE AMOUNT IN BOX AT LEFT				
INCLUDES \$				BILLED, OR COLLECTED
*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED. X SIGNATURE OF OWNER OR OFFICIAL Y80 895-9200 TELEPHONE NUMBER				
SUBSCRIBED AND SWORN TO BEFORE ME			NOTARY PUBL	IC NAME
A NOTARY PU	OTARY PUBLIC IN AND FOR THE COUNTY OF			Maricopa
THIS	DAY OF		MONTH	.20
(SEAL)		x		

MY COMMISSION EXPIRES

SIGNATURE OF NOTARY PUBLIC